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Docket No.: CC001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE Patent Application

I hereby certify that this transmittal of the below described documents is being deposited with the United States Postal Service in an envelope bearing Express Mail Postage and an Express Mail label, with the below serial number, addressed to the Commissioner of Patents and Trademarks, Washington, D.C., 20231, on the below date of deposit. Name of Person Making the CANTA CHARLES Name of Person Making the Name					
Label No.: Deposit: CARL STASE, JR.					
Date of Deposit: Signature of the Person Making the Deposit: Carl Clase 1.					
Inventor(s): Carl A. Chase, Jr.					
Title: PORTABLE INFLATABLE MASSAGE SUPPORT APPARATUS					
The Commissioner of Patents and Trademarks Washington, D.C. 20231 Sir:					
Transmittal of a Patent Application					
(Under 37 CFR §1.53)					
Transmitted herewith is the above identified patent application, including: x Specification, claims and abstract, totaling 24 pages. Formal drawings, totaling pages.					
x Informal drawings, totaling 3 pages.					
X Declaration and Power of Attorney.					
X Information Disclosure statement.					
<u>x</u> Form 1449					
Assignment(s)					
Assignment Recordation Form (duplicate)					
X Other: Copy of Reference Cited					
FEEO DUE					

FEES DUE

The fees due for filing the specification pursuant to 37 C.F.R. \S 1.16 and for recording of the Assignment, if any, are determined as follows:

		CLA	IMS	AMERICA (17 A)	No. of the last of
	NO. OF CLAIMS	1900 Sept. 1	EXTRA CLAIMS	RATE	FEES
Basic Application	n Fee		,,, ,		\$385.00
Total Claims	20	Minus 20=	0	X \$11 =	0
Independent Claims	4	Minus 3=	1	X \$40 =	\$40.00
If multiple depe	ndent claims a	re presented, add	\$260.00	·	
Add Assignmer enclosed	t Recording Fe	ee of \$40.00 If As	signment docum	nent is	
TOTAL APPLICATION FEE DUE					\$425.00

PAYMENT OF FEES

1.		The full fee due in connection with this communication is provided as follows:					
[]	The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: A duplicate copy of this authorization is enclosed.					
[]	A check in the amount of \$425.00					
[]	Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.:					
This application is filed pursuant to 37 C.F.R. § 1.53 in the name of the above-identified Inventor(s).							
Please direct all correspondence concerning the above-identified application to the following address:							
		CARL A. CHASE, JR. P.O. Box 484 Big Sur, California 93920 (408) 667-2885					
		Respectfully submitted,					
Da	te: <u>√</u>	3/8/97 By Rall Chase, Jr. Carl A. Chase, Jr.					